



Provider Web Portal Quick Guide: Provider Maintenance – Update License

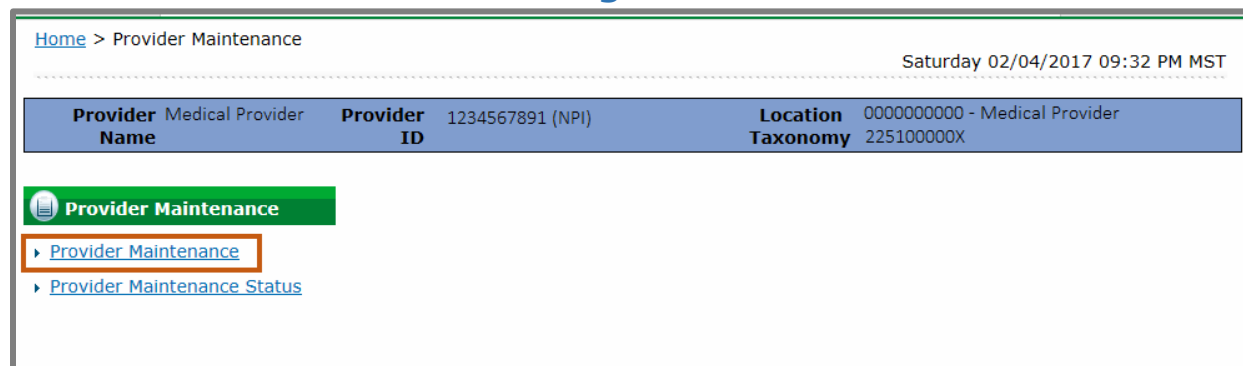
Provider Maintenance is where a provider will update their information, including license updates.

1. Login to Provider Web Portal

2. Click Provider Maintenance



3. Click Provider Maintenance again



4. Click on the Provider Identification Changes page

On the “Provider Maintenance: Provider Identification” page, a new license can be added or an existing license displayed in the grid can be updated.

- New license: Enter data for all required fields in the “License” section. Press the “Add” button to add the record to the grid.
- Existing license: If a license is displayed in the grid, update the information as necessary and click “Save”.
- Click “Go to Submit”.

Provider Maintenance: Instructions	
Instructions	<p>Use these pages to submit any changes to your organizational information.</p> <p>Please select the link on the left to access the information you would like to update. After all the necessary changes are made you must submit the changes from the Attachments and Submit page.</p>
Change of Ownership	
Specialty and Contact Information Changes	<p>Important information:</p> <ul style="list-style-type: none"> ▪ After you have updated the necessary provider information, please visit the Manage Accounts page to review and update (if necessary) your delegate information.
Address Changes	
Provider Identification Changes	
Language Changes	
Other Information Changes	
Provider Affiliation Changes	
Network Participation Changes	
Disclosure Changes	
ACC Provider Opt-In Changes	
Attachments and Submit	

Continue
Cancel

Provider Maintenance: Provider Identification																										
Instructions	You are initiating a change request. Complete the desired changes for fields in each section and click the 'Continue' button to make additional changes. Or click to 'Go to Submit' button to submit your changes.																									
Change of Ownership	* Indicates a required field.																									
Specialty and Contact Information Changes	Education																									
Address Changes	When adding or changing an education record, supporting documentation should be included as an attachment to this request.																									
Provider Identification Changes	Fields marked required in this section are only required if any information is entered in this section.																									
Language Changes	Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.																									
Other Information Changes	<table border="1"><thead><tr><th>Degree</th><th>School</th><th>Year of Graduation</th><th>Action</th></tr></thead><tbody><tr><td colspan="4"><input type="checkbox"/> Click to collapse.</td></tr><tr><td>*Degree</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>*School</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>*Year of Graduation</td><td><input type="text"/></td><td></td><td></td></tr><tr><td colspan="4"><input type="button" value="Add"/> <input type="button" value="Reset"/></td></tr></tbody></table>	Degree	School	Year of Graduation	Action	<input type="checkbox"/> Click to collapse.				*Degree	<input type="text"/>			*School	<input type="text"/>			*Year of Graduation	<input type="text"/>			<input type="button" value="Add"/> <input type="button" value="Reset"/>				
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Provider Affiliation Changes	License																									
Network Participation Changes	When adding or changing a license, a copy of the license is required as an attachment to this request.																									
Disclosure Changes	Fields marked required in this section are only required if any information is entered in this section.																									
ACC Provider Opt-In Changes	Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.																									
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	CLIA Certification																									
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Clinical Laboratory Improvement Amendments (CLIA) Certification

A CLIA Certification can be added or changed through the "Provider Maintenance: Provider Identification" page. A copy of the CLIA certificate is required as an attachment in order to process the request.

When viewing an existing CLIA Certification on the "Provider Identification" page, do not be concerned if the "Effective Date" displayed does not match the "Effective Date" originally entered or the date of the most recent certification. The Effective and End Dates for all CLIA licenses are as follows:

Effective Date: 1/1/1900

End Date: 12/31/2299

CLIA Certification

When adding or changing a CLIA record, a copy of the CLIA certificate is required as an attachment to this request.

Fields marked required in this section are only required if any information is entered in this section. Click "+" to view or update the details in a row. Click "-" to collapse the row. To add a new row, enter all the required fields and click the "Add" button. Click "Remove" to remove the entire row.

CLIA #	Effective Date	End Date	CLIA Type	Action
Click to collapse.				
*CLIA #	*Effective Date	*End Date	*CLIA Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

When adding or changing a CLIA record, enter the "Effective Date" and "End Date" for all CLIA licenses as follows:

Effective Date: 1/1/1900

End Date: 12/31/2299

DXC and the Department are working on updating the Provider Web Portal so the effective dates will no longer be required and will be automatically populated.

When adding or changing a license, a copy of the license must be submitted on the "Provider Maintenance: Attachments and Submit" page. Attach a license under the "Attachments" section and enter data for all required fields. Press "Add" to add the attachment to the grid.

Under the "Submit" section, click the "I accept" checkbox and enter the name of the person reporting the change. Click "Submit". An auto-generated tracking number will be generated.

Provider Maintenance: Attachments and Submit				
Instructions	* Indicates a required field.			
Change of Ownership	Supporting Documentation The following attachment action needs to be taken to complete the change request process. To submit attachments, please follow the instructions in the 'Attachments' panel below. Double-check that all required supporting documentation is included.			
Specialty and Contact Information Changes	Attachments To add an attachment, complete the required fields and click the Add button. Use the 'Other' selection to upload attachments not in the list. Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 5 MBs of information can be uploaded. The allowable file types are: bmp, doc, docx, gif, jpg, jpeg, pdf, ppt, tif, tiff, txt, xls, xlsx. Click the Remove link to remove the entire row.			
Address Changes	#	Transmission Method	File	Attachment Type
Provider Identification Changes	<div> <input type="checkbox"/> Click to collapse. </div> <div> *Transmission Method FT-File Transfer <input type="text"/> </div> <div> *Upload File <input type="text"/> <input type="button" value="Browse..."/> </div> <div> *Attachment Type <input type="text"/> </div> <div> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div>			
Language Changes	Submit Enter the required information below. Click Submit to send us your changes.			
Other Information Changes	By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.			
Provider Affiliation Changes	*I accept <input type="checkbox"/>			
Network Participation Changes	*Name of the Person Reporting Change <input type="text"/>			
Disclosure Changes	Date 03/26/2018			
ACC Provider Opt-In Changes	<input type="button" value="Submit"/> <input type="button" value="Cancel"/>			
Attachments and Submit				

5. Retain the tracking number

[Print Preview](#)

Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number. **66605**

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

A confirmation email has also been sent to the following contact person's email, associated with the provider:
provider@provider.com.


6. Check the status of an update request

1. Click the "Provider Maintenance Status" link.

[Home](#) > Provider Maintenance

Saturday 02/04/2017 09:32 PM MST

Provider Name	Medical Provider	Provider ID	1234567891 (NPI)	Location	0000000000 - Medical Provider
				Taxonomy	225100000X

 **Provider Maintenance**

- [Provider Maintenance](#)
- [Provider Maintenance Status](#)

2. Enter the "Tracking Number" for the update request and click "Search".

Provider Maintenance: Status [Back to Provider Maintenance](#) ?

Enter your assigned tracking number to verify the current status of your change request. For any further queries, please use Contact Us or Secure Correspondence.

* Indicates a required field.

***Tracking Number**

[Search](#) [Cancel](#)

3. View the status details under the “Provider Maintenance – Summary” section.

*Tracking Number	<input type="text" value="66605"/>
<input type="button" value="Search"/>	<input type="button" value="Cancel"/>
Provider Maintenance - Summary	
Below is the status of your provider change request.	
Tracking Number	66605
Date Submitted	02/03/2017
Status	Under Review
Status Date	02/03/2017

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.